

Oral Health Plan Alachua County, Florida



**Alachua County Oral Health Coalition
January 2012**

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This document is the work product of the Alachua County Oral Health Coalition. It includes the description of the assessment of the oral health status and a plan to address the issues raised by the assessment. This work was done through the year of 2011 and represents the efforts of the Coalition members, several volunteers and paid staff. The coalition members are listed below.

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We want to recognize Danielle Emenhiser, the project coordinator until October 2011. We also want to acknowledge the work of volunteers who contributed to the project. We want to thank: Scott Antonio, who did an MPH internship with the coalition and among other things conducted the analysis of the Emergency Room data; Meng Peng, a Bachelors Degree student from UNC, who did a summer internship with the Coalition and helped in many ways, including staffing the prevention committee; and Yu Li, an MPH Student, and George Wilmer who helped with data analysis.

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INTRODUCTION

In May 2000, Surgeon General Dr. David Satcher released the first Surgeon General's report on oral health in the United States [1]. That report emphasized the inextricable link between oral health and general health and highlighted disparities in oral health in this nation. Disparities in disease incidence are compounded by inequalities in access and utilization of oral health care. The frequently overlooked but potentially serious consequences associated with poor oral health have resulted in the characterization of oral diseases as a "neglected epidemic" and a focus has been placed on addressing this problem in vulnerable, disadvantaged populations.

Oral health problems consistently rank among the most frequent unmet health needs in the nation. That unfortunate situation is the result of several phenomena: oral diseases are among the most prevalent diseases afflicting the American public; a very large proportion of oral health care is paid for out-of-pocket so it is very sensitive to economic circumstances of communities and families; the consumer price index for dental services has exceeded all other consumer goods and services and most other health care services in this country for years so dental services are becoming increasingly unaffordable; and there are many additional barriers to timely oral health care.

While oral health faces challenges throughout the United States, the problem is perhaps more challenging in Florida than elsewhere. Florida was one of just three states that received a grade of 'F' in two consecutive Oral Health Report Cards issued by the Pew Center on the States [2]. That grade was largely due to extremely low Medicaid reimbursement rates, the nation's lowest dental care utilization by Medicaid recipients, the lack of an oral health surveillance system, and one of the nation's most restrictive state practice acts on dental hygienists' ability to independently provide preventive services. In addition, more than 20% of Florida's population lives in designated Dental Health Profession Shortage Areas. The number of dentists needed to remove the shortage designations (788) is higher than for any other state and accounts for 12% of the total number of dentists estimated for the entire country (6,645).

The *National Call to Action to Promote Oral Health*, issued by the US Department of Health and Human Services in 2003 as a follow-up to the Surgeon General's report on oral health, recommended five specific actions to improve oral health and eliminate its disparities in the United States [3]. One of those recommended actions was *Increase Collaborations*, including the implementation strategy to "Build and nurture broad-based coalitions that incorporate views and expertise of all stakeholders and that are tailored to specific populations, conditions, or programs." That strategy is precisely what was followed in Alachua County, Florida—home to the state's only publicly supported College of Dentistry and the first city in Florida to fluoridate its community water system.

BACKGROUND

The Alachua County Oral Health Coalition (The Coalition) is a partnership that began in January 2011 under the leadership of the University of Florida College of Dentistry and the Alachua County Health Department. DentaQuest Foundation provided funding for a part-time coordinator and a countywide oral health screening survey of third grade public school students. The Coalition consists of a general membership, which meets quarterly, and four committees that meet as needed. The general membership is broad-based and includes health professionals and other community members with an interest in oral health. The membership is listed on the front page of this report.

The committees include: Assessment, Access, Prevention, and Messaging. The committee chairs and members are shown in Table One. The Assessment Committee was responsible for oversight of the assessment. The Access Committee generated recommendations on how to increase access to oral health care. The Prevention Committee reviewed the options for improving oral health using the power of prevention and made recommendations for action. The Messaging Committee will begin meeting in December and will be responsible for educating policy makers and the community about oral health issues. The coalition members, especially the committee chairs and members, made major contributions to the Coalition's Output.

Table One: Committee Members

Assessment	Access	Prevention	Messaging
Jeff Feller, Chair Robert Bailey Pat Hughes Laurie Jennings Taylor Morgan	Tony Campo, Chair Michelle Chalmers Robert Davis Mary Ehley Laurie Jennings Wanetta Mead Candie Nixon Barbara Sirmopoulus Deborah Wood	William Witt, Chair Sarah Catalanotto Rhonda Celestine Jean Osbrach Audrey Williams Taylor Morgan	Robert Davis, Chair Rhoda Celestine Taylor Morgan Randy Wells Teresa White

The University of Florida College of Dentistry faculty and volunteers worked together to screen almost 2,000 school children in ten weeks. This was an unprecedented effort, which required intense planning and intricate choreography to implement.

The DentaQuest foundation funding allowed the kick-off of the coalition but the contribution of the members and volunteers is what made the Coalition's first year so successful. The amount of time contributed to the Coalition in the first 10 months is estimated at 2,707 hours. Using the Florida Department of Health's formula for estimating the dollar value of volunteers, the in-kind contribution was worth more than \$156,738.00.

ASSESSMENT

INTRODUCTION AND BACKGROUND

Before developing recommendations, the Coalition conducted an assessment that included oral health status and resources. Since there was no ongoing monitoring system in place, the Assessment Committee was charged with identifying and reviewing relevant information from available data and primary data collected as part of the Coalition's work. The data reviewed by the committee included: analysis of emergency room; interviews of low income adults; interviews with community providers of oral health services; input from focus groups; claims data from Medicaid and CHOICES; a report of interviews conducted with day care providers, teachers and care takers of children, and; plans for the visual screening of third graders.

In order to make the assessment manageable, the focus was on residents whose income is likely to limit their ability to pay for dental care through the private sector. The operating definition of this population is individuals whose family income is \leq 200% federal poverty level [e.g., the 2011 FPL is \$37,060 year for a family of 3].

Some low-income individuals are eligible for third party coverage from Medicaid or from Alachua County's CHOICES Program for uninsured workers. The dental services covered by CHOICES and by Medicaid for children are relatively comprehensive. Florida's Medicaid program for adult beneficiaries provides very limited coverage, including only extractions and dentures. Because Medicaid rates are too low to be competitive and are among the nation's lowest, relatively few Florida dentists accept Medicaid. Only four private providers in Alachua County accept children who are covered by Medicaid and three accept adults enrolled in Medicaid. Adults who receive services in the private sector only do so if they need multiple extractions. The CHOICES program offers rates that have not posed a barrier to care.

COMMUNITY BASED SERVICES

Alachua County has a robust network of oral health service providers. The County has 119 private dental practices, the UF College of Dentistry and several community providers. According to surveys conducted among 47 private dentists by the United Way of North Central Florida, 70% volunteered in a community based program and 13% offer some discounted rates to patients enrolled in their practice.

The majority of services provided to low-income residents, however, are offered by the community service providers who offer discounted dental care. Those providers include: ACORN Clinic, Eastside Family Medical and Dental Center, Gainesville Community Ministries, the University Of Florida College Of Dentistry, and the WeCare Dental Program. Those community service providers are referred to collectively as the "Network". The Coalition surveyed the Network and developed a qualitative and quantitative description of services, which is summarized in Attachment One.

In order to understand and describe the resources available to Alachua County residents, the Coalition surveyed Network providers. The surveys documented: 1) the number of low-income individuals who received services through the Network; 2) the number of services provided, and; 3) the amount of time dentists provided care to low-income individuals. Data were readily available from all providers. However, the UF College of Dentistry (UFCD) was unable to distinguish Alachua County residents from those from other counties. Ongoing work of the Coalition will include working with UFCD to identify the services provided to the low-income residents of Alachua County. A description of the Network is shown in Attachment One.

SURVEY OF LOW INCOME ADULTS

The Coalition surveyed 102 adults enrolled in the Alachua County Health Department's Primary Care clinic. The clients were: 64% black and 26% white; 60% female; 44% enrolled in Medicaid, 33% uninsured, 13% enrolled in Medicare; 5% enrolled in Medicaid and Medicare; 3% enrolled in CHOICES, and 2% were privately insured. The ages ranged from 19 to 76 years, with an average age of 46 years.

About 16% of the clients said they had a dentist they saw for regular checkups; of those, 80% said they were able to go as often as they needed. The 84% who did not have a regular dentist mainly cited financial reasons for lack of care: 48% said they cannot afford it; 44% said they could not find a dentist who would take Medicaid; and 5% reported they did not know where to go. Other reasons cited were: do not need to go (8%); do not have time (7%); afraid of the dentist (7%); not a priority (5%); and lack of transportation (1%) [respondents were not limited to one answer]. Among the people who did not see a dentist regularly, 64% described it as a "big problem" or a "problem" and 88% said it was "important" or "very important" to get regular dental care. The relationship between oral health and overall health was described as important by all the respondents with 58% of the respondents saying it was "very important".

Among the entire sample, 61% said they had experienced a problem with their teeth, gums or inside of their mouth in the preceding 12 months. The majority (52%) reportedly did nothing about the problem, 43% sought care from a community provider, 6% went to the emergency room, and, 3% tried to get funding for care [respondents were not limited to one answer].

The proportion of people who reported having a regular dentist, by third part payer source, was as follows: Medicaid—11%; self-pay—15%; Medicare—31%; Medicaid/Medicare—0%. (Other funding sources were N=<5). About 12% of black/African American respondents had a regular dentist as did 18% of white respondents.

Among the people who reported having a problem in the preceding year, 18% had a regular dentist and 82% did not. Among the black/African American respondents, 66% reported problems in the preceding year, while 52% of the white respondents reported problems. The proportion of respondents reporting oral health problems included 56% of the uninsured, 58% of Medicaid beneficiaries, and 69% of Medicare recipients.

CHILDREN

Interviews with Educators and Parent Surveys

The Coalition reviewed data regarding oral health of children, which was collected as an internship project by an MPH student in 2009. [4] The project included interviews with parents and staff about the experience of children enrolled in Head Start; teachers, principals and nurses working in elementary and middle schools; and children's parents and caretakers. Findings of this study, which seem to represent the experience of low income families with children, are summarized below.

Findings Regarding Children in Head Start

Staff interviews: (staff from 3 sites in Alachua and Bradford Counties)

- Head Start has an oral health component that seems well targeted and effective in meeting the many oral health needs experienced by the children who enroll in the program
- Barriers to oral health care include: awareness of importance of oral health; fear of the dentist; and availability of providers.

Parent surveys: (N=703; of those, 563 were Alachua County residents)

- 7% of all children had never seen a dentist
- Among new applicants for Head Start, 58% had never seen a dentist
- 12% said their children were unable to get needed dental care in the preceding 12 months
- 6% of parents reported that their child experienced tooth pain when biting or chewing

Findings Regarding Elementary and Middle School Children

Interviews with principals (N=7)

- Concern was expressed about the low priority placed on oral health by some families, which interferes with school attendance and performance
- Perceived barriers included lack of third party coverage and parental awareness of the important role of oral health

Interviews with nurses (N=4)

- Expressed concern that in some children poor oral health interfered with the ability to learn
- Observed that many children only get dental care when they have problems
- An elementary school nurse reports she has seen children who are in pain trying to pull their own teeth.

Surveys with parents (N=166)

- 18% reported their child had at least one toothache in the preceding 6 months
- 3% reported their child's most recent visit to the dentist was more than three years ago
- 22% reported there had been at least one time in the last 12 months that their child needed dental care but could not get it

SURVEILLANCE OF THIRD GRADERS

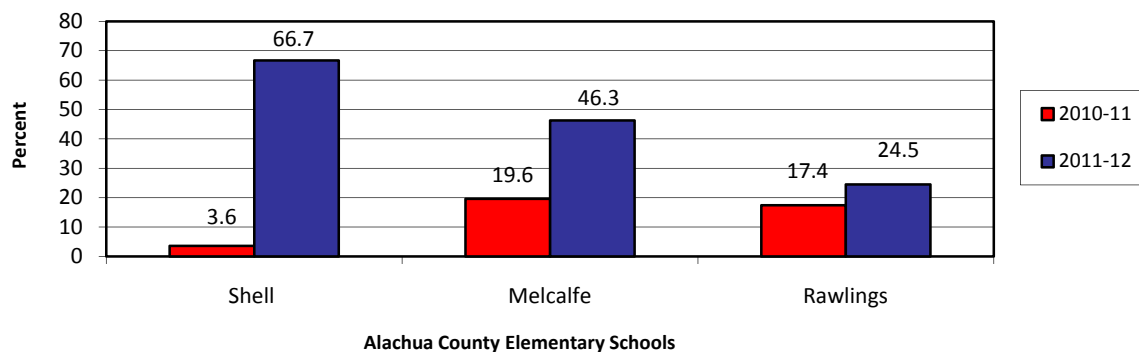
The Coalition places a high priority on establishing an oral health surveillance system. The University of Florida College of Dentistry (UFCD) and School Board of Alachua County have collaborated to conduct a visual oral health basic screening survey of all third grade public school students in the County (Figure 1). Third-graders in three elementary schools were screened in school year 2010–11 and all elementary schools were included in the screening conducted in the 2011–12 school year. The three schools that were surveyed in 2010–11 are participating in a school-based dental sealant program launched in 2010 by the UFCD and United Way of North Central Florida that serves second graders. The collection of data during both years provides a baseline and post-intervention comparison, shown in Figure 2. All three of the elementary schools in the school-based dental sealant program saw significant increases in the prevalence of sealants among third-graders between school year 2010–11 and 2011–12. The change was most pronounced in Shell Elementary School, a school located in a rural part of the county, which increased from 3.6% to 66.7%. Rawlings and Metcalfe Elementary Schools, located on the east side of Gainesville, also saw increases in the prevalence of sealants. Those schools also experience relatively high rates of student mobility from year to year, so the increase in sealant prevalence was less dramatic than in Shell Elementary School.

Figures 1a,b. Left: Drs. Nini Sposetti (foreground) and Scott Tomar conduct visual dental screenings of third-grade students at a local public school. Right: Dr. Tomar examines a student.



(Photos courtesy of Jackie Johnson, School Board of Alachua County)

Figure 2. Prevalence of Dental Sealants Before and After Implementation of School-based Sealant Programs in 3 Schools: School Years 2010–11 and 2011–12.



A summary of the data from the visual Basic Screening Survey of 1,737 third graders conducted in the fall of 2011 is shown in Attachment Two. The data are presented by school. Overall, 46.1% of third-grade public school students in Alachua County had experienced dental caries and 27.2% had untreated cavities at the time of the survey. However, there were large disparities among the schools in the prevalence of disease: caries experience ranged from 22.0% to 76.2% and untreated cavities ranged from 8.2% to 46.0%. Dental sealants were present on the permanent first molars of 35.7% of third-graders, ranging from a high of 66.7% of children to a low of 18.0%. Nearly 6% of the children had an urgent need for dental care, defined as reported dental pain or clinical sign of dental infection at the time of the survey; there was also a huge disparity in that indicator, from 0% in one school to more than 19% in another. Third-graders also were screened for severe malocclusion, which included the presence of conditions such as cross-bite, anterior open-bite, or severe tooth crowding that made effective oral hygiene impossible; overall, 9.8% of children were judged to have severe malocclusion. Soft tissue pathology was relatively rare and was detected in 0.4% of third-grade students.

KID CARE CLAIMS

An analysis of claims for children enrolled in the Florida KidCare program describes the experience of children enrolled in Medicaid, Children’s Medical Services, and Healthy Kids in the state fiscal year 2006–07. [5] Those programs provide third party coverage, including oral health services, to children of families whose income is equal to or less than 200% of the federal poverty level.

The study analyzed dental care claims data for children aged 0–18 years who were enrolled in the Florida KidCare Program for at least 6 months continuously in State Fiscal Year 2006–07. Of those children who had been continuously enrolled in the program for 6 months or longer, 25.6% received at least one dental service. Children aged 5–9 years were most likely to have received a dental service (35.7%) and those aged 0–4 years were least likely (9.0%).

Continuous enrollees with minor chronic medical conditions (34.5%) were more likely than healthy children (24.3%) to have received a dental service during FY 2006–07.

Among children who were enrolled in the Florida KidCare Program for at least 6 months continuously in State Fiscal Year 2006–07, 24.4% received a diagnostic service, 16.9% received a preventive dental service, 6.84% received a restorative dental service, and 2.8% received a surgical dental service. Just 4.6% of children aged 0–4 years received a preventive dental service.

Claims data were obtained for Medicaid-enrolled children who live in Alachua County. The limited data available show that 25% of the more than 22,000 Medicaid enrollees aged 0–20 years received a dental service that was paid by Medicaid.

EMERGENCY ROOM SERVICES

The Coalition obtained data describing emergency room (ER) encounters for dental conditions for residents of Alachua County that likely could have been avoided through prevention or earlier intervention. During the four years (2007–10) there were, on the average, 2138 avoidable visits each year that resulted in average annual charges of \$1,728,096. Each visit was coded for the type of service provided, which provides some insight into the severity of the condition. Over 60% of the visits were coded as meeting the criteria for one of the 2 most severe conditions (out of 4 possible codes).

Those seeking ER care for dental conditions ranged from age 0 to 97 years; 53% had no insurance, 35% were Medicaid beneficiaries; 7% were covered by commercial insurance; 7% were Medicare enrollees, and about 2% had some other type of insurance coverage. The encounters in 2010 were analyzed by ZIP Code and expressed as a rate per 100,000 residents per year in each ZIP code. The ZIP codes with the highest incidence of avoidable visits were (in descending order): 32616 (Alachua), 32641 (East Gainesville), 32694 (Waldo), 32609 (Southwest Gainesville), and 32601 (Central Gainesville). The incidence of emergency room encounters in Alachua County was compared to the state of Florida. This comparison is shown in Table Two and shows that the age-adjusted rate of use of an ER in Alachua County was higher than the state average.

Table Two: Age-adjusted Rate* of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1832.7
Florida	738.6	745.2	1082.1

*Rates are per 100,000 and based on data from 2009 analysis done by WellFlorida

CHOICES EXPERIENCE

CHOICES is a County program that provides coverage for medical and dental services to the uninsured working poor (income <200% of Federal Poverty Level). A review of the available data allowed the Coalition to consider utilization and perception of affordable dental services by adults who did not have access to services for an extended period prior to enrollment in CHOICES. Because CHOICES members all work and most dental services are available only during the standard work week there are still some barriers to care, but major ones such as cost and “knowing where to go” were eliminated or reduced.

Dental care was the third most commonly used service in the CHOICES program, ranking after primary care and pharmacy. About 50% of all enrollees reported using the dental service. Claims data also show that 46.5% used the services more than one time and the most common services used (listed in descending order) were: X-rays (16% of claims), restorations (14% of claims), scaling (10% of claims) extractions (10% of claims) and counseling (8%).

Enrollment in CHOICES resulted in the perception of improved oral health. Before program enrollment, 4.7 % perceived their oral health as good or excellent and after enrollment 31.8% did so. The value placed on accessing oral health care was reflected in both the comments of the participants, which were very positive, as well as the fact that CHOICES beneficiaries spent more money on dental care after enrollment in the program than they did before. This confirms the information gathered from the interviews of low-income adults, who said that dental care is important to them, and demonstrates the fact that low-income adults will purchase dental care if it is affordable.

SUMMARY AND CONCLUSION

The data describing the oral health needs are consistent and indicate that the services available are inadequate to meet the need. Providers report more demand than they can meet. Interviews indicate that both adults and children are suffering pain and other complications from poor dental health. The health care system is burdened with annual charges of over \$1.7 million that could be avoided with more effective and less expensive measures, including access to prevention and treatment services.

Interviews with low-income adults indicate that they value oral health but are unable to afford it, and the lack of access results in issues that they cannot address. Only 6% of those with problems reported seeking care from a hospital emergency room. The data from emergency rooms indicate that the majority of cases for which ER care is sought for dental problems are relatively severe, supporting the conclusion that people are not seeking care from the ER at the first indication of a problem. Emergency rooms in Alachua County are unable to provide definitive oral health services. They only offer palliative care in the form of prescriptions for pain medications and/or antibiotics. Despite these observations, Alachua County residents generate almost 1.5 million dollars in emergency room charges each year for oral health services that could have been avoided with appropriate outpatient dental care.

Data for children suggest the oral health problems seen in adults begin in childhood and may interfere with attendance and performance in schools. The inference we make from these data is that those who are in most need of the advantages of attendance and attention at school are also those most likely to suffer from oral health problems.

Professionals suggest the problem with children accessing oral health care is due to lack of awareness among parents. While there may be some accuracy to this observation, the fact remains that the rates paid by Medicaid have not been sufficient to create a provider base for the services that are needed.

Alachua County residents' use of the emergency room is higher than the rate for the rest of Florida. The high rate in Alachua County is due exclusively to the high use of emergency rooms among African Americans. The data from interviews with adults suggest the disparity among African Americans is due to a relatively high incidence of dental problems and not due to an increased propensity to use the ER.

PREVENTION

The most common oral diseases are almost entirely preventable. The Prevention Committee reviewed the strategies for preventing oral diseases and summarized the relevant information describing Alachua County's current efforts. This is shown in Attachment Three. The committee discussed the strategies and recommended those to be given priority for implementation. The recommendations are included below.

RECOMMENDATIONS

The Coalition has developed a set of recommendations designed to be practical and economical to implement, as well as effective.

INCREASE ACCESS TO ORAL HEALTH SERVICES

- Investigate the possibility of designating Alachua County as a Health Professional Shortage Area
- Increase access to Medicaid-covered dental benefits
 - Train physicians to provide and bill for oral health services such as caries risk assessment and application of fluoride varnish
 - Distribute information on existing services to Medicaid beneficiaries
 - Explore possibilities for increasing provision of dental care to Medicaid beneficiaries by private providers through activities such as enrollment of limited access providers and offering services to beneficiaries in other locations such as day care centers
- Expand oral health services provided to Alachua County residents by preserving and expanding programs using volunteer dental professionals

- Establish infrastructure for increasing use of volunteer dental professionals (staff, supplies, protocols)
- Develop recruitment program for oral health professionals
- Develop recognition program for volunteer dentists
- Develop policy and procedures for collecting fees for services provided by volunteer providers
- Seek funds to increase access to comprehensive services

PREVENTION

- Implement prevention programs with priority populations
 - Identify organizations that work with key populations for implementation of prevention and education e.g. day care centers
 - Identify or develop tools, resources, and best practices for educating child care workers, children and care takers on importance of basic care such as brushing and flossing
 - Recruit strategic partners for implementation (volunteers or funding sources)
- Support preservation and expansion of key preventive programs implemented by partners, such as education and promoting access to services by Head Start and educational and sealant programs provided by United Way of North Central Florida.
- Work with other local coalitions to integrate oral health into relevant educational and programmatic initiatives (e.g. Alachua County Healthy Communities Initiative, Alachua Tobacco-Free Coalition)

MESSAGING

- Identify key audiences and messages
- Develop and frame messages and tools for communicating with targeted audiences

SURVEILLANCE

- Institutionalize ongoing oral health monitoring of third graders
- Monitor emergency room use for oral health issues annually
- Monitor impact of change in Medicaid funding on access to and utilization of dental services, especially for children
- Monitor impact of the Affordable Care Act on access to oral health services

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Attachment One: Description of Oral Healthcare Providers Who Provide Services at Reduced Costs

Clinic Name	Populations	Services	Income Eligibility Requirement	Client Fees
ACORN Clinic	Medicaid adults and children, Healthy Kids, CHOICES, Self-Pay, Privately Insured	Routine dental services	All income level clients accepted. Must earn less than 200% of FPL for sliding fee scale.	Sliding Fee Scale
Gainesville Community Ministries Dental Clinic	Self-Pay	Exams including x-rays, extractions and fillings	Clients must earn less than 150% of FPL.	\$15 Intake Appointment, \$5 Cleanings and Extractions
Eastside Family Medical & Dental (FQHC)	Medicaid Adults and Children, Healthy Kids, CHOICES, Self-Pay, Privately Insured	Routine dental services	All income level clients accepted. Must earn less than 200% of FPL for sliding fee scale.	Sliding Fee Scale
Santa Fe College Dental Hygiene Clinic	Self Pay	Cleanings and counseling	No	Cleanings cost less than \$30
UF College of Dentistry: Student Clinic	Medicaid, Privately Insured, Self-Pay	Routine dental services	No	80% Median Retail Dentist Fees
UF College of Dentistry: Oral Surgery	Medicaid Adults and Children, Privately Insured, CHOICES, Self-Pay	Oral surgery	No	80% Median Retail Dentist Fees
UF College of Dentistry: Pediatric Clinic	Children Only: Medicaid, Privately Insured, Self-Pay	Routine dental services	No	80% Median Retail Dentist Fees
UF College of Dentistry: Student Oral Surgery Clinic	Medicaid, CHOICES, Self-Pay Adults	Extractions	No	\$145 for Single Extraction Walk-in Emergency selected by lottery @ 7am Mon – Fri
We Care Physician Referral Network Project Dentists Care	Residents of Alachua County with no access to care.	General dental services	U.S. Citizen, Alachua County resident, income and assets below 150% of federal poverty limit.	Free for accepted patients

Attachment Two: Basic Screening Survey Results for Third-Grade Students in Alachua County Public Schools, by School. September–October, 2011.

School	Number	% Female	% Black	% Untreated Caries	% Caries Experience	% Sealants on Permanent Molars	Treatment urgency		% Soft Tissue Pathology	% Severe malocclusion
							Early	Urgent		
Alachua	145	49.3%	37.9%	38.2%	55.2%	29.0%	21.5%	19.4%	1.4%	12.4%
Archer	75	40.0%	21.3%	32.0%	45.3%	38.7%	28.0%	2.7%	0.0%	4.0%
Chiles	111	49.5%	36.9%	15.3%	36.0%	36.0%	11.7%	1.8%	0.0%	4.5%
Duval	55	52.7%	94.5%	29.1%	47.3%	25.5%	22.0%	4.0%	1.8%	1.8%
Finley	50	60.0%	30.0%	46.0%	50.0%	36.0%	38.0%	6.0%	2.0%	26.0%
Foster	82	56.1%	40.2%	26.8%	22.0%	26.8%	19.5%	6.1%	0.0%	4.9%
Glen Springs	64	53.1%	31.3%	15.6%	31.3%	40.6%	15.6%	0.0%	0.0%	14.1%
Hidden Oak	123	61.0%	8.2%	12.4%	36.9%	26.4%	10.7%	0.8%	0.0%	7.4%
High Springs	95	43.2%	14.7%	21.1%	41.1%	43.2%	23.2%	1.1%	0.0%	8.4%
Idylwild	82	57.3%	50.0%	39.0%	51.9%	23.2%	30.9%	6.2%	0.0%	4.9%
Lake Forest	50	48.0%	84.0%	40.0%	58.0%	18.0%	26.0%	16.0%	0.0%	14.0%
Littlewood	81	46.9%	30.9%	19.8%	38.3%	34.6%	17.3%	1.2%	0.0%	17.3%
Metcalfe	41	46.3%	97.6%	43.9%	63.4%	46.3%	31.7%	7.3%	2.4%	2.4%
Newberry	89	49.4%	25.8%	29.2%	55.1%	32.6%	25.8%	5.6%	0.0%	11.2%
Norton	81	45.7%	39.5%	27.2%	53.1%	27.2%	24.7%	2.5%	0.0%	6.2%
Rawlings	49	44.9%	93.9%	26.5%	46.9%	24.5%	24.5%	4.1%	0.0%	18.4%
Shell	21	52.4%	57.1%	42.9%	76.2%	66.7%	23.8%	14.3%	0.0%	9.5%
Talbot	124	50.8%	15.3%	8.2%	32.5%	62.1%	8.5%	5.1%	0.0%	13.8%
Terwilliger	75	53.3%	57.3%	44.0%	59.5%	28.0%	35.1%	10.8%	0.0%	18.7%
Waldo	19	57.9%	31.6%	31.6%	66.7%	26.3%	21.1%	15.8%	0.0%	5.3%
Wiles	122	50.0%	23.8%	25.4%	50.8%	48.4%	15.6%	3.3%	0.8%	9.8%
Williams	103	47.6%	70.6%	31.7%	52.4%	40.8%	25.5%	5.9%	1.0%	3.9%
Total	1737	50.5%	39.5%	27.2%	46.1%	35.7%	21.3%	5.8%	0.4%	9.8%

Attachment Three: Prevention Strategies and Recommendations

Prevention Strategy	Current Status	Recommendations
<p>Fluoridation of Public Water Systems</p> <p>According to the Centers for Disease Control and Prevention, water fluoridation is “one of 10 great public health achievements of the 20th century” for its role in preventing tooth decay. Studies show water fluoridation reduces tooth decay by 20 to 40% and saves \$8 to \$49 for every dollar spent.</p> <p>Recommendation: Recommended that all community water systems be fluoridated.</p>	<p>92.4 % of the population in Alachua County on municipal water systems has fluoridated water (compared to the state average of 77.9%)</p> <p>70.2 % of the county population has fluoridated water (compared to the state average of 71.6 %).</p> <p>Newberry is the only municipal water in the county that is not fluoridated.</p>	<p>Encourage Newberry City Commission to initiate fluoridation.</p> <p>An education campaign targeting the residents of Newberry about the benefits of fluoridation could be developed and implemented.</p> <p>Priority Population: Newberry.</p>
<p>Sealants</p> <p>Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect from tooth decay.</p> <p>Recommendation: Apply dental sealants when first and second permanent molars appear. Other teeth with pits and grooves might need to be sealed.</p>	<p>A collaborative initiative among the Alachua County Public Schools, the University of Florida College Of Dentistry, and United Way is conducting a school-based dental sealant program for second and sixth grade students in high-risk schools.</p> <p>Medicaid covers dental sealants.</p>	<p>The Oral Health Coalition will support efforts to:</p> <p>Expand access to dental sealants through school based and other initiatives.</p> <p>Provide parent education regarding the value of sealants.</p> <p>Priority Population: Second graders (6-7 year olds) and sixth graders (11-12 year olds)</p>
<p>Tooth Brushing and Flossing</p> <p>Brushing and flossing are essential to preventing tooth decay and gum disease.</p> <p>Recommendation: The ADA recommends brushing teeth at least twice a day and flossing daily. The toothbrush should be replaced every three or four months or sooner if the bristles are frayed. Children should begin brushing as soon as teeth appear in their mouth and should begin flossing as soon as the teeth are in contact with one another (as early as age 2 ½).</p>	<p>Head Start supports an active prevention program, which includes education, role modeling, and provision of toothbrush and toothpaste to each enrollee.</p> <p>The ACORN “Tooth Fairy” program teaches healthy oral health practices to children in Head Start, Pre-K, kindergarten, and 1st grade.</p> <p>The WIC Program, Healthy Start and the public schools include oral health education as part of their programs.</p>	<p>The Oral Health Coalition will encourage an expansion of oral health education administered by partner agencies, volunteers, and student interns. For example:</p> <ul style="list-style-type: none"> • Preschool programs modeled after the Head Start and BEST programs. • After-school programs • School nurses • Faith-based organizations <p>Priority Population: Pregnant women and young children</p>
<p>Healthy Diet</p> <p>A diet promoting good oral health includes a diet high in fruits and vegetables, an emphasis on reduced sugar, and the proper use of bottles and sippy cups for young children.</p> <p>Recommendation: A diet high in fruits and vegetables should be consumed. Young children should never fall asleep with a bottle containing milk, formula, fruit juices, or sweetened liquids. Young children should not</p>	<p>Several community programs provide nutrition education that emphasizes increasing fruits and vegetables and decreasing use of added sugars. These include: Alachua County Healthy Communities Initiative; Alachua County Public Schools Food and Nutrition Services Department; The Junior League of Gainesville, Florida, Inc., and the WIC program. Other community groups such as faith-based and</p>	<p>The Oral Health Coalition will reach out to other community partners to:</p> <ul style="list-style-type: none"> • Orient them to the Oral Health Coalition and Oral Health Plan. • Participate in their initiatives. • Encourage inclusion of the role of healthy behaviors in preventing oral health disease in their messaging. <p>Priority Population: Children</p>

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<p>carry a bottle or “sippy cup” containing milk, formula, fruit juices, or sweetened liquids around with them and sip from it throughout the day.</p> <p>Regular Check-Up Visits Regular dental check-ups are recommended to help prevent problems from occurring or catch those that do occur while they are easy to treat.</p> <p>Recommendation: Routine dental check ups should begin when a child’s first tooth appears, or no later than the child’s first birthday. The frequency of check-up visits should be based on the child’s risk for disease, following current professional guidelines.</p> <p>Tobacco Tobacco is a recreational drug which can cause damage to teeth, gums, and other soft tissue.</p> <p>Recommendation: Complete abstinence from tobacco</p>	<p>youth organizations include programs targeting obesity and improved food choices.</p> <p>Head Start facilitates participation in recommended dental care for all enrollees.</p> <p>The UF College of Dentistry, Eastside Family Dental Clinic, Gainesville Community Ministries, We Care, and ACORN make low-cost check-ups more accessible to low-income populations.</p> <p>The 2010 Youth Risk Behavior Survey reports that 7.5% of Alachua County middle school students and 22.9% of Alachua County high school students have used some form of tobacco on one or more occasions in the past 30 days. The 2010 Behavioral Risk Factor Surveillance System indicates 17.1% of Florida’s adults are current smokers.</p> <p>Medicaid and most private dental insurance cover fluoride treatment for children.</p>	<p>The Oral Health Coalition will support activities to increase participation in regular dental check-ups, including education regarding their importance.</p> <p>Increase awareness of resources.</p> <p>Increase resources, if possible (See Oral Health Plan for recommendations)</p> <p>Priority Population: Young children and adolescents</p> <p>The Oral Health Coalition will join the Alachua Tobacco Free Coalition and support activities designed to reduce tobacco use.</p> <p>Priority Population: Youth and users of tobacco</p> <p>The Oral Health Coalition will encourage/support:</p> <ul style="list-style-type: none"> • Application of varnish by MDs • Head Start’s efforts to initiate a fluoride varnish program • School-based fluoride programs <p>Priority Population: Communities and individuals at high risk for tooth decay</p> <p>The Oral Health Coalition will encourage community education programs to include oral health education.</p> <p>The Oral Health Coalition will advocate that the Florida High School Athletic Association encourage students participating in contact sports to wear mouth guards.</p> <p>Priority Population: Middle and high school athletes</p>
<p>Topical Fluorides Topical fluorides may be professionally-applied in the form of gels, foam, or varnish, or self-applied as toothpaste or rinse. All forms of topical fluoride can prevent tooth decay. Fluoride varnish has a high fluoride concentration and is particularly suitable for use in children at high risk for dental caries.</p> <p>Recommendation: Fluoride varnish should be applied to teeth of persons at high risk for caries. The frequency of application should be based on the person’s risk for disease, following current professional guidelines.</p> <p>Mouth guards According to CDC, mouth guards may prevent 200,000 oral injuries a year, reduce the risk of concussion by 50%, and prevent injury to the teeth by 60%.</p> <p>Recommendation: A properly fitted mouth guard should be used during any activity that could result in a blow to the face or mouth.</p>	<p>The Florida Dental Association launched the Save That Smile program to encourage Florida’s young athletes to use mouth guards in all contact sports</p>	